



NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #		Postmark		Date Received		Notification #	
I. Type of Notification (O = Original R = Revised C= Cancelled)							
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME:							
Address:							
City:				State:		Zip:	
Contact:						Tel:	
REMOVAL CONTRACTOR:							
Address:							
City:				State:		Zip:	
Contact:						Tel:	
OTHER OPERATOR:							
Address:							
City:				State:		Zip:	
Contact:						Tel:	
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emer. Renovation)							
IV. IS ASBESTOS PRESENT? (Yes/No)							
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name:							
Address:							
City:				State:		County:	
Site Location:							
Building Size:				# of Floors:		Age in Years:	
Present Use:				Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed				RACM To Be Removed		Nonfriable Asbestos Material Not To Be Removed	
						Indicate Unit of Measurement Below	
						UNIT	
Pipes						Ln Ft: Ln M:	
Surface Area						Sq Ft: Sq M:	
Vol RACM Off Facility Component						Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:						Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:						Complete:	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIII. WASTE DISPOSAL SITE		
Name:		
Location:		
City:	State:	Zip:
Tel:		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS:		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.		
_____ (Signature of Owner/Operator)		_____ (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
_____ (Signature of Owner/Operator)		_____ (Date)